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Minority/Women/Disadvantaged/Persons with Disabilities Business Enterprises (MBE/WBE/DBE/PDBE)

Welcome, entrepreneurs!

We appreciate your interest in our certification program and will strive to provide you with excellent customer service.

We encourage you to look at our program. I am convinced that by working with you, we can make a difference in your business. Please attend one of our weekly pre-certification workshops for more information. Our workshop is conducted every Thursday, except holidays, at 611 Walker St. 7th floor Houston, TX 77002 at 2:00 p.m. Our continued success depends upon growing firms like yours.

Let us hear from you!

Velma Laws, Director

Instructions and Guidelines

49 C.F.R. PART 26

ROADMAP FOR APPLICANTS

- ❖ Should I apply?
 - Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
 - Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
 - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts? (DBE Only)
 - Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the City of Houston M / W / PDBE/SBE and the U.S. DOT DBE programs. **The process takes approximately 90 days from when we receive a completed application packet.**
- ❖ Is there an easier way to apply? (*This applies to DBE applicants only*)

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.
- ❖ Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.
- ❖ Where can I find more information?
 - U.S. DOT – http://osdbu.dot.gov/business/dbe/dbe_program.cfm (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
 - SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indexofsize.html> (provides a listing of SIC codes)
 - 49 CFR Part 26 (the rules and regulations governing the DBE program)
 - www.houstontx.gov/aacc/index.html - This site provides you with information about the M / W / PDBE /SBE/ DBE Certification Program, M / W / PDBE / SBE/ DBE Directory, Publications, M / W / PDBE / SBE/ DBE Assistance Information / Training, EEO & ADA Information, and Forms.

Mission Statement

The Affirmative Action and Contract Compliance Office is committed to providing quality certification, compliance, business development, and training programs to promote equal access, employment and economic opportunity at every level of City government; and to ensure compliance with local, state, and federal mandates. The Division is further committed to providing exceptional customer service that exceeds expectations. We are dedicated to providing a supportive and healthy work environment where all employees are appreciated, encouraged and respected.

Section 1: GENERAL INFORMATION

A. Contact Information

- (1) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (2) State the name and title of the person who will serve as your firm's primary contact under this application.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) Enter the Social Security Number for the qualifying minority owner.
- (9) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (10) State the mailing address of your firm if it is different from your firm's street address.

B. Business Profile

- (1) State the legal name of the firm.
- (2) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (3) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security Number of the owner of your firm.
- (4) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (5) Give the date on which you and/or each other owner took ownership of the firm.
- (6) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (7) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms to be for-profit enterprises.

- (8) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (9) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (10) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (11) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns. Is the company owned by a woman, man, disadvantaged individual or person with Disability? Note corresponding forms.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; or
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 2: CERTIFICATION INFORMATION

A. M / W / SBE / PDBE Certification Program

Has your company been certified by other M / W / SBE/PDBE programs?

B. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

C. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) Enter the owner's Social Security Number.
- (3) State his/her title or position within your firm.
- (4) Give his/her home phone number.
- (5) State his/her residence address.
- (6) Check the appropriate box that indicates this owner's gender.
- (7) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (8) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (9) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years that this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm, if any.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which he/she is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

B. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, and date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, and date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which he/she is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

- (1) Equipment
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
- (2) Vehicles
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
- (3) Office Space
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
- (4) Storage Space
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

- (1) Banking Information
 - (a) State the name of your firm's bank.
 - (b) Give the main phone number of your firm's bank branch.
 - (c) Give the address of your firm's bank branch.
- (2) Bonding Information
 - (a) State your firm's Binder Number.
 - (b) State the name of your firm's bond agent and/or broker.
 - (c) Give your agent/broker's phone number.
 - (d) Give your agent/broker's address.
 - (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:
State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years: Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.
List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner/ contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.



CITY OF HOUSTON

AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE DIVISION
611 WALKER, 7TH FLOOR ★ HOUSTON, TEXAS 77002
P.O. BOX 1562 ★ HOUSTON, TEXAS 77251-1562
TELEPHONE 713.837.9000 ★ FAX 713.837.9052 ★ WWW.HOUSTONTX.GOV

M/W/PDBE/DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- ☐ Work experience resumes (including places of ownership/employment with corresponding dates) for all owners, officers and anyone listed in Section 4 of the application.
- ☐ Your firm's signed tax returns (gross receipts) plus all related schedules for the last three years and any other firms that you own
- ☐ Customer references, including contact name and phone number, for whom work has been performed
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and/or owned. If leased, copies of lease agreements; if owned, provide proof of purchase.
- ☐ List of construction equipment and/or vehicles owned and titles/proof (if applicable)
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ Signed and notarized Affidavit of Non-Interest for each owner (included in application package)
- ☐ Signed and notarized Certification Affidavit for each minority/woman owner whose combined ownership interest equals 51% or more (included in application package)
- ☐ Birth certificates for each minority/woman owner.
- ☐ DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications (if applicable)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Documented proof of contributions used to acquire majority ownership for each owner (i.e. both sides of cancelled checks, bank statements, etc.)
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Certificate of Authority to do business in Texas (for out-of-state businesses)
- ☐ Company bank signature card
- ☐ Invoices and proof of payment for services provided in the area(s) which you seek certification.

Sole Proprietorship

- ☐ Assumed name certificate (DBA)
- ☐ Personal signed tax returns and all related schedules for each minority/woman owner for the last three years.

Regular Dealer/Supplier

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

Corporation or LLC

- ☐ Official Certificate of Incorporation (Corporation) or Official Certificate of Organization (LLC)
- ☐ Official Articles of Incorporation signed by the state official (Corporation) or Articles of Organization (LLC)
- ☐ Corporate By-Laws (Corporation) or Rules and Regulations (LLC) and any amendments
- ☐ Both sides of all corporate stock certificates and stock transfer ledger (Corporation) or Members Agreement (LLC)
- ☐ Current minutes of all stockholders and board of directors meetings describing ownership, management, and control (optional for LLC)
- ☐ Corporate bank resolution
- ☐ Current financial statement including Balance Sheet and Income Statement prepared by an independent CPA or Accountant

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Partnership/Joint Venture/Franchise

- ☐ Official Certificate of Partnership
- ☐ Original and any amended Partnership or Joint Venture Agreements describing ownership, management, and control
- ☐ Franchise Agreement (franchise only)

Persons with Disabilities Business Enterprise (PDBE)

- ☐ Disability affidavit and an accompanying letter from a medical doctor who has been certified in the state of Texas
- ☐ See the appropriate business type for additional document requirements (i.e. Sole Proprietorship, Partnership/Joint Venture/Franchise, Regular Dealer/Supplier, Corporation/LLC, or Trucking Company)

Disadvantaged Business Enterprise (DBE)

- ☐ Signed and notarized Personal Financial Statement for each minority/woman owner.
- ☐ Personal signed tax returns and all related schedules for each minority/woman owner for the last three years

UNDER SEC. 26.107 OF 49 CFR PART 26, DATED FEBRUARY 2, 1999, IF AT ANY TIME, THE DEPARTMENT OR A RECIPIENT HAS REASON TO BELIEVE THAT ANY PERSON OR FIRM HAS WILLFULLY AND KNOWINGLY PROVIDED INCORRECT INFORMATION OR MADE FALSE STATEMENTS, THE DEPARTMENT MAY INITIATE SUSPENSION OR DEBARMENT PROCEEDINGS AGAINST THE PERSON OR FIRM UNDER 49 CFR PART 29, TAKE ENFORCEMENT ACTION UNDER 49 CFR PART 31, PROGRAM FRAUD AND CIVIL REMEDIES, AND/OR REFER THE MATTER TO THE DEPARTMENT OF JUSTICE FOR CRIMINAL PROSECUTION UNDER 18 U.S.C. 1001, WHICH PROHIBITS FALSE STATEMENTS IN FEDERAL PROGRAMS.

Section 1: GENERAL INFORMATION

A. Contact Information

| | | | | | |
|--|--|--|----------------|-----------------------------|------|
| (1) Legal Name of Firm: | | (2) Owner Name and Title: <i>(Qualifying Minority Owner)</i> | | | |
| (3) Phone #: | | (4) Other Phone #: | | (5) Fax #: | |
| (6) E-mail: | | (7) Website: | | (8) Social Security Number: | |
| (9) Street address of firm <i>(No P.O. Box)</i> : | | City: | County/Parish: | State: | Zip: |
| (10) Mailing address of firm <i>(if different)</i> : | | City: | County/Parish: | State: | Zip: |

B. Business Profile

| | | | |
|---|-----------|--|------------------------------|
| (1) Legal Name of Firm: | | | |
| (2) Describe the primary activities of your firm: | | | (3) Federal Tax ID (if any): |
| (4) This firm was established on: | | / | / |
| (5) I/We have owned this firm since: | | | / |
| (6) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(explain & include sources of financing and attach supporting documents, i.e., loan agreements, initial bank statements, certificates of deposit, and/or copies of cancelled checks.)</i> | | | |
| (7) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and you do NOT need to fill out this application. | |
| (8) Type of firm <i>(check all that apply)</i> : | | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: | |
| (9) Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: | | | |
| | | | |
| (10) Number of employees: | Full-time | Part-time | Total |
| (11) Specify the gross receipts of the firm for the last three years: | Year | | Total receipts \$ |
| | Year | | Total receipts \$ |
| | Year | | Total receipts \$ |
| Firm is applying as: <i>(Check all that apply)</i> <input type="checkbox"/> Airport Concessionaire Disadvantaged Business Enterprise (ACDBE) <input type="checkbox"/> Disadvantaged Business Enterprise (DBE) <input type="checkbox"/> Small Business Enterprise (SBE) (Construction Only) <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Persons with Disabilities Business Enterprise (PDBE) <input type="checkbox"/> Woman Business Enterprise (WBE) | | | |
| NOTE: To qualify as a DBE, you must submit a Personal Financial Statement and signed copies of your personal tax returns and all related schedules for the last three years. Here are the corresponding forms. | | | |
| Sole Proprietorship | | Form 1040 and Schedule C | |
| Corporation | | Form 1040 and Form 1120 | |
| Partnership | | Form 1040 and Form 1065 | |

C. Relationships with Other Businesses

| | | | |
|---|--|------------------------------|-----------------------------|
| (1) Is your firm co-located at any of its business locations, or does it share a telephone number, post office box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify other firm's name: | | | |
| Explain nature of shared facilities: | | | |
| (2) At present, or at any time in the past, has your firm: | (a) been a subsidiary of any other firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (b) consisted of a partnership in which one or more of the partners are other firms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (c) owned any percentage of any other firm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | (d) had any subsidiaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each <i>(attach extra sheets, if needed)</i> : | | | |
| | <u>Name</u> | <u>Address</u> | <u>Type of Business</u> |
| 1. | | | |
| 2. | | | |
| 3. | | | |

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company?

☐ Yes ☐ NoIf Yes, then list (*attach extra sheets, if needed*):

| | <u>Name</u> | <u>Relationship</u> | <u>Company</u> | <u>Type of Business</u> | <u>Own or Manage?</u> |
|----|-------------|---------------------|----------------|-------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |

Section 2: CERTIFICATION INFORMATION**A. M / W /SBE/PDBE Certification Program**

Has your company been certified by other M/W/SBE/PDBE programs?

☐ Yes, on / / ☐ No If Yes, please attach proof of certification by other agencies.**B. Prior/Other Certifications**Is your firm currently certified for any of the following programs? (*If Yes, check appropriate box(es)*)☐ DBE

Name of certifying agency:

Has your firm's state UCP conducted an on-site visit?

☐ Yes, on / / State ☐ No☐ 8(a)

These programs are administered by the Small Business Administration.

☐ SDB**C. Prior/Other Applications and Privileges**

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or federal entity?

☐ Yes, on / / ☐ No

If yes, identify state and name of state, local, or federal agency and explain the nature of the action:

Section 3: OWNERSHIPIdentify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (*If more than one owner, attach separate sheets for each additional owner*):**A. Background Information**

| | |
|--|---|
| (1) Name: | (2) SS#: |
| (3) Title: | (4) Home Phone #: |
| (5) Home Address (<i>street and number</i>): | City: State: Zip: |
| (6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | (7) Ethnic group membership (<i>Check all that apply</i>): |
| (8) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American |
| | <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian |
| (9) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other (<i>specify</i>) |

B. Ownership Interest

| | | | | | |
|--|---|-------------------|---------------------|----------------------|------------------------|
| (1) Number of years as owner: | (2) Initial investment to acquire ownership interest in firm: | <u>Type</u> | <u>Dollar Value</u> | | |
| (3) Percentage owned: | | Cash | \$ | | |
| (4) Familial relationship to other owners: | | Real Estate | \$ | | |
| | | Equipment | \$ | | |
| | | Other | \$ | | |
| (5) Shares of Stock: | <u>Number</u> | <u>Percentage</u> | <u>Class</u> | <u>Date acquired</u> | <u>Method Acquired</u> |
| (6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If Yes, identify: Name of Business: | | | Function/Title: | | |
| (7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If Yes, identify: Name of Business: | | | Function/Title: | | |
| Nature of Business Relationship: | | | | | |

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? ☐ Yes ☐ No
If Yes, explain (attach additional sheets if needed):

Section 4: CONTROL

A. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

| | Name | Title | Ethnicity | Gender |
|---|------|-------|-----------|--------|
| (1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.) | a. | | | |
| | b. | | | |
| (2) Estimating and Bidding | a. | | | |
| | b. | | | |
| (3) Negotiating and Contract Execution | a. | | | |
| | b. | | | |
| (4) Hiring/Firing of Management Personnel | a. | | | |
| | b. | | | |
| (5) Field/Production Operations Supervisor | a. | | | |
| | b. | | | |
| (6) Office Management | a. | | | |
| | b. | | | |
| (7) Marketing/Sales | a. | | | |
| | b. | | | |
| (8) Purchasing of Major Equipment | a. | | | |
| | b. | | | |
| (9) Authorized to Sign Company Checks (for any purpose) | a. | | | |
| | b. | | | |
| (10) Authorized to Make Financial Transactions | a. | | | |
| | b. | | | |
| (11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes, identify for each: Person: _____ Title: _____ | | | | |
| Business: _____ Function: _____ | | | | |

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If Yes, identify for each: Firm Name:: _____ Person: _____

Nature of Business Relationship: _____

B. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

| | Name | Title | Ownership Percentage | Date Appointed | Ethnicity | Gender |
|--|------|-------|----------------------|----------------|-----------|--------|
| (1) Officers of the Company | (a) | | | | | |
| | (b) | | | | | |
| | (c) | | | | | |
| | (d) | | | | | |
| | (e) | | | | | |
| (2) Board of Directors | (a) | | | | | |
| | (b) | | | | | |
| | (c) | | | | | |
| | (d) | | | | | |
| | (e) | | | | | |
| (3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If Yes, identify for each: Person: _____ Title: _____ Business: _____ Function: _____ | | | | | | |
| (4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (<i>e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If Yes, identify for each: Firm Name:: _____ Person: _____ Nature of Business Relationship: _____ | | | | | | |

C. Indicate your firm's inventory in the following categories (*attach additional sheets if needed*):

(1) Equipment

| (1) Equipment | Type of Equipment | Make/Model | Current Value | Owned or Leased? |
|------------------|-------------------|------------|---------------|------------------|
| (a) | | | | |
| (b) | | | | |
| (c) | | | | |

(2) Vehicles

| (e) | Type of Vehicle | Make/Model | Current Value | Owned or Leased? |
|-----|-----------------|------------|---------------|------------------|
| (a) | | | | |
| (b) | | | | |
| (c) | | | | |

(3) Office Space

| (c) Office Space | | |
|------------------|------------------|------------------------------------|
| Street Address | Owned or Leased? | Current Value of Property or Lease |
| (a) | | |
| (b) | | |

(4) Storage Space

| (f) Storage Space | | |
|-------------------|------------------|------------------------------------|
| Street Address | Owned or Leased? | Current Value of Property or Lease |
| (a) | | |
| (b) | | |

D. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank

(b) Phone No:

(c) Address of bank:

City:

State:

Zip:

(2) Bonding Information: If you have bonding capacity, identify:

(a) Binder No:

(b) Name of agent/broker

(c) Phone No:

(d) Address of agent/broker:

City:

State:

Zip:

(e) Bonding limit: Aggregate limit

\$

Project limit

\$

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

| Name of Source | Address of Source | Name of Person Securing the Loan | Original Amount | Current Balance | Purpose of Loan |
|----------------|-------------------|----------------------------------|-----------------|-----------------|-----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years. (attach additional sheets if needed):

| Contribution/Asset | Dollar Value | From Whom Transferred | To Whom Transferred | Relationship | Date of Transfer |
|--------------------|--------------|-----------------------|---------------------|--------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed):

| Name of License/Permit Holder | Type of License/Permit | Expiration Date | License Number & State |
|-------------------------------|------------------------|-----------------|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I. List the three largest contracts completed by your firm in the past three years, if any:

| Company | Contact Name | Phone # | Type of Work Performed | Dollar Value of Contract |
|---------|--------------|---------|------------------------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

J. List the three largest active jobs on which your firm is currently working:

| Name of Prime Contractor and Project Number | Phone # | Type of Work | Project Start Date | Anticipated Completion Date | Dollar Value of Contract |
|---|---------|--------------|--------------------|-----------------------------|--------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

K. District Work Areas

Below are the District Work Areas identified where this company has chosen to do work under the Texas Unified Certification Program (TUCP) for Disadvantage Business Enterprise (DBE) certification.

- | | | | | |
|-----------------------------------|---|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Abilene | <input type="checkbox"/> Brownwood | <input type="checkbox"/> El Paso | <input type="checkbox"/> Lufkin | <input type="checkbox"/> San Antonio |
| <input type="checkbox"/> Amarillo | <input type="checkbox"/> Bryan | <input type="checkbox"/> Fort Worth | <input type="checkbox"/> Odessa | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Childress | <input type="checkbox"/> Houston | <input type="checkbox"/> Paris | <input type="checkbox"/> Waco |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Corpus Christi | <input type="checkbox"/> Laredo | <input type="checkbox"/> Pharr | <input type="checkbox"/> Wichita Falls |
| <input type="checkbox"/> Beaumont | <input type="checkbox"/> Dallas | <input type="checkbox"/> Lubbock | <input type="checkbox"/> San Angelo | <input type="checkbox"/> Yoakum |

Please identify and explain if you have the capabilities to work all over the state.

L.

If you are interested in certification as a Historically Underutilized Business with the State through our certification program, please indicate by checking the appropriate response, thus authorizing the release of your information by our office. Please provide copies of your Texas Drivers License, Texas State ID, or State of Texas' County Appraisal District Property (Homestead) Tax Statement for each minority and woman owner with 5% or more ownership.

☐ Yes ☐ No

M.

Did the applicant(s) serve as a Veteran? ☐ Yes ☐ No If Yes, list the conflict in which he/she served

For M / W / PDBE/SBE applicants only (not DBE applicants)

N.

Location of Company Headquarters (City and State):

O.

Please list below any relative of any of the owners, including those by marriage, who are employed by the City of Houston.

| Name of Relative | Relationship | Department |
|------------------|--------------|------------|
| | | |
| | | |

P.

What functional description would you like to be listed in the M/W/PDBE/ SBE/ DBE Directory?

Q. To qualify for MBE/WBE/PDBE/SBE, you must submit signed copies of the following IRS tax forms:

| | |
|---------------------|------------|
| Sole Proprietorship | Schedule C |
| Corporation | Form 1120 |
| Partnership | Form 1065 |

Have you included these documents?

☐ Yes ☐ No

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

☐ By checking this box, I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

☐ Female ☐ Black American ☐ Hispanic American ☐ Native American ☐ Asian-Pacific American

☐ Subcontinent Asian American ☐ Socially/economically disadvantaged (specify): _____

☐ By checking this box, I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

☐ By checking this box, I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature: _____
(M/W/DBE/SBE/PDBE Applicant)

NOTARY CERTIFICATE:

(Seal)

Signature _____
(Notary)

AFFIDAVIT OF NON-INTEREST

THE STATE OF TEXAS

BEFORE ME, the undersigned authority, a Notary Public in and for the
State of Texas, on this day personally appeared _____,
(Affiant)

who being by me duly sworn on his/her oath stated that he/she is _____
(Title of Owner)

of _____, the Business Entity named and referred to in this (Company Name)

Application for MWBE/DBE/SBE/PDBE Certification; and that he/she is not an officer or employee of the City of Houston; and
further stated that no other individual with an interest in the Business Entity is an officer or employee of the City of Houston. Affiant
acknowledges that any misrepresentation on this affidavit will be grounds for denial and/or revocation of certification. I have read
this affidavit and swear that such statements contained herein are true and correct.

Signature (Owner /Applicant)

Title

Name (Print)

Date

SWORN TO AND SUBSCRIBED before me on this _____ day of _____, 20_____.

(Seal)

Notary Public in and for the State of Texas



CITY OF HOUSTON, MAYOR'S OFFICE
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE DIVISION
ADDENDUM TO DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION APPLICATION
Personal Financial Statement

Complete this form for: (1) each socially and economically disadvantaged proprietor, or (2) each socially and economically disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially and economically disadvantaged stockholder making up 51% or more of voting stock. An individual's Personal Net Worth includes only his or her separate property and his or her own share of assets held jointly or as community property with the individual's spouse.

| | |
|-----------------------------|------------------|
| Name: | Business Phone: |
| Residence Address: | Residence Phone: |
| City, State & Zip Code: | |
| Business Name of Applicant: | |

DETERMINATION OF SOCIAL DISADVANTAGE

I certify that I am, in fact, socially and economically disadvantaged in accordance with 49CFR part 26.

Signature: _____ Owner Title: _____

PERSONAL FINANCIAL STATEMENT

In determining net worth, EXCLUDE individual ownership interest in the _____ As of _____, _____
applicant firm and individual equity in primary residence. (Date)

| ASSETS | (Omit Cents) | LIABILITIES | (Omit Cents) |
|--|--------------|--|--------------|
| Cash on hand and in Banks | \$ _____ | Accounts Payable | \$ _____ |
| Savings Accounts | \$ _____ | Notes Payable to Banks and Others (Describe in Section 1) | \$ _____ |
| IRA or Other Retirement Account | \$ _____ | Installment Account (Auto) | \$ _____ |
| Accounts and Notes Receivable | \$ _____ | Installment Account (Other) | \$ _____ |
| Life Insurance – Cash Surrender Value Only (Complete Section 7) | \$ _____ | Loan on Life Insurance | \$ _____ |
| Stocks and Bonds (Describe in Section 2) | \$ _____ | Mortgages on Real Estate [Except for personal Residence] (Describe in Section 3) | \$ _____ |
| Real Estate [Except for personal residence] (Describe in Section 3) | \$ _____ | Unpaid Taxes (Describe in Section 5) | \$ _____ |
| Automobile(s) – Present Value | \$ _____ | Other Liabilities (Describe in Section 6) | \$ _____ |
| Other Personal Property (Describe in Section 4) | \$ _____ | Total Liabilities | \$ _____ |
| Other Assets (Describe in Section 4) | \$ _____ | Net Worth | \$ _____ |
| Total Assets | \$ _____ | (Total Assets minus Total Liabilities) | \$ _____ |
| Source of Income | | Contingent Liabilities | |
| Salary/Commissions | \$ _____ | As Endorser or Co-Maker | \$ _____ |
| Net Investment Income | \$ _____ | Legal Claims & Judgements | \$ _____ |
| Real Estate Income | \$ _____ | Provision for Federal Income Tax | \$ _____ |
| Other Income (*Describe below) | \$ _____ | Other Special Debt | \$ _____ |

* _____

Section 1. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc) | How Secured or Endorsed Type of Collateral |
|-----------------------------------|------------------|-----------------|----------------|--------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NOTE: Must be within five (5) days of statement date

| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
|------------------|--------------------|------|------------------------------------|-------------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Section 3. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| | Property A | Property B | Property C |
|--|------------|------------|------------|
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Name and Address of Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month/Year | | | |
| Status of Mortgage | | | |

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

| |
|--|
| |
|--|

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

| |
|--|
| |
|--|

Section 6. Other Liabilities. (Describe in detail.)

| |
|--|
| |
|--|

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? _____ YES _____ NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries, and retirements; and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

[Please provide copies of complete, signed, personal income tax returns, including all schedules for all individuals claiming disadvantaged status for this DBE business.]

I authorize the Affirmative Action and Contract Compliance Office of the City of Houston to verify the accuracy of the statements made, in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program. The City of Houston reserves the option to require either a Full Audited Financial Statement, a Reviewed Financial Statement, or a Compiled Financial Statement.

The Statements made in this document are true and correct to the best of my belief.

| | | | |
|------------|--------|------|-------|
| Signature: | Title: | SSN: | Date: |
|------------|--------|------|-------|

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by _____

this _____ day of _____, _____.

Notary Public in and for the State of _____

NOTES: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a Small Disadvantaged Business Concern, or makes any false statement in order to influence the certification process in any way, or to obtain a Federal contract shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, for violating Federal laws.

THIS DOCUMENT IS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS 49 CFR PART 26. YOU MAY PHOTOCOPY FORM, AS NEEDED.